

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF	JANNETTE SAYLOR	COURT CASE NUMBER	07-636 SCR
DEFENDANT	Kathleen Testa	TYPE OF PROCESS	Complaint
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
→	Kathleen Testa		
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) State of DE - DHSS - Division of Child Support Enforcement Main Building, 1901 N. Dupont Hwy, New Castle, DE 19720		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	51
<input checked="" type="checkbox"/> JANNETTE SAYLOR 29 E. 23rd St. Wilmington, DE 19802		Number of parties to be served in this case	71
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):  
Fold Business Time: 8:00AM-4:30pm

Fold

# PAUPER CASE

Telephone No.: 302-255-9040

Signature of Attorney or other Originator requesting service on behalf of:  
PRO Se  
Jannette Saylor

<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<input type="checkbox"/> DEFENDANT	302-576-0493	12-06-2007

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 15	District to Serve No. 15	Signature of Authorized USMS Deputy or Clerk BF	Date 1/15/08
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <u>Linda Kusz, Office Mgr.</u>	A person of suitable age and discretion then residing in the defendant's usual place of abode. <input type="checkbox"/>					
Address (complete only if different than shown above) <u></u>	Date of Service 1/29/08	Time 1:00 pm				
Signature of U.S. Marshal or Deputy <u>[Signature]</u>						
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS: